



Mental Health Crisis Planning for Youth & Families

CRISIS PLANNING



- A Mental Health Crisis exists when there is need for immediate action or intervention, and/or the child/youth is no longer safe to themselves or others.
- Crisis situations can be stressful, frightening and exhausting for the child/youth and family involved.
- Crisis planning is a proactive way to assist in returning the child/youth and family back to a balanced level.
- A crisis plan is individualized and developed from the child/youth and families strengths, preferences and natural resources.

WHY DEVELOP A CRISIS PLAN?

- Children and youth should be supported in the least restricted environment clinically appropriate.
- To identify positive ways to prevent escalation and identify the next steps to take if behaviors escalate.
- Provide early intervention and supports.
- Assists in identifying support and direction from other engaged family members, neighbors, friends, therapist, mental health provider, etc.
- It is a plan that belongs to the child/youth and family that is developed by what they define a crisis in their family.
- It is a living document that can be revised and used as an intervention to be pro-active in averting future crisis situations.

WHAT TO CONSIDER WHEN DEVELOPING A CRISIS PLAN

- The best time to develop a crisis plan is during a time when the child/youth and family are feeling calm and stabilized.
- Identify how the child/youth and family define a crisis.
- Identify situations that have escalated in the past that led to a crisis and what interventions worked to de-escalate the situation.
- Identify people and resources who the child/youth and family feel supported by. Do you have a general preference for informal, formal, or self-managed support?
- Create a plan that also keeps other family members safe in the home.



IDEAS TO SPARK THINKING WHEN DEVELOPING THE CRISIS PLAN

Child/Youth Things to Consider:

- Signs I'm doing okay:
 - Feel positive, social, sleeping well, feel focused, etc.
- Early Signs I'm not doing okay:
 - Changes in sleep habits, start isolating, anxious, depressed, self-harm, paranoia, negative re-occurring thoughts, etc.
- Things I can do to feel better:
 - Call someone, distract thoughts, read, breathe, journal, sing, listen to music, watch TV, exercise, roller skate, run, etc.
- Ways other people can help me, such as, friends, neighbors, teachers, pastor, coach, therapist, probation officer, etc.:
 - Stay close but don't make me feel trapped, remember I'm doing the best I can, speak calmly and slow, give directives clearly, listen to me, encourage me to do things that help me feel better, etc.
- Things that DO NOT help me:
 - Touching me, talking down to me, criticizing me, controlling me, judging me, lecturing me, keeping me waiting, etc.
- Times I know I need help:
 - I can't stand myself or how I feel, too many noises, have a plan to hurt myself, hear voices telling me to do things, convinced people are out to get me, feel out of control, etc.

MY CRISIS CYCLE



Crisis

What does this look like? What is helpful during this time? What is not helpful?



Escalation

What does this look and/or feel like as like as you escalate? What helps? What doesn't?



De-Escalation

What does this look and/or feel like de-escalate? What helps? What doesn't?



Triggered

What are some of your triggers?



Stabilization

What helps you manage your triggers?



Baseline/Comfort Level

Keep doing what's working! What is that?



Post-Crisis/Crash

What does it feel like post crisis and what helps?

IDEAS TO SPARK THINKING WHEN DEVELOPING THE CRISIS PLAN

For Family Members and Other Resources to Consider:

- Description of how the child/youth presents when feeling calm and happy:
 - Important to have a baseline of positive behavior to identify when behaviors are beginning to escalate.
- Description how the child/youth looks physically, and triggers such as words, gestures, or situations that escalates negative behaviors:
 - Flushed face, tense body, changes sleep, changes in personal hygiene, changes in medications, sudden transitions, noises, behavior out of the ordinary.
- Identify interventions and actions that have de-escalated crises in the past:
 - Space or “time out” in a predetermined safe space, taking a walk, listening to music, going outside to do something active, develop a prearranged signal for you to use to prompt your child/youth to use a helpful strategy.
- Develop a pre-determined list of people who can help; could be formal or informal resources:
 - Have a pre-determined list of names and numbers and way they can help.

COMMON ELEMENTS IN A CRISIS PLAN

1. Child/Youth's Information- Name, age, Dx, medical history, strength's and interests
2. Family Information- Parent/Caregiver's name, siblings, other members in the home
3. Behaviors- Triggers, strategies, symptoms
4. Medication- Name, type dosage, prescribing physician & phone number, known allergies, list of previous medications
5. Treatment Choices- List of interventions or treatment that work, don't work or preferred
6. Professional Involvement- Phone number and names
7. Supports
8. Safety Concerns- Limiting access to guns, knives or weapons, medications, etc...
9. Resources- Advocacy organizations, support groups, crisis numbers
10. Recognizing Recovery- What it looks like when returning back to a state of equilibrium.



MANAGING A MENTAL HEALTH CRISIS

- During a crisis, children/youth, and often time adults, cannot always clearly communicate their thoughts, feelings, emotions or understand what others are saying to them. As a parent or caregiver assess the situation to determine if they need emergency assistance guidance or support and/or is the child/youth in immediate danger of hurting themselves, others or property.
- For some children/youth, the 'fight or flight' instinct often takes over during a crisis and their actions may be sudden, reckless and even dangerous. This can leave families and caregivers scared and confused.
- If you need to take the youth somewhere, first decide if can you safely transport them. If not, consider whether you have a support person that could help you. If you feel you cannot safely transport, and do not have anyone to help you, let the place you are taking them know and ask what they recommend you do.
- When bringing a youth to the ER, families should prepare to wait for several hours and remember that going to the ER does not guarantee admission criteria to a hospital. The admission criteria vary and is dependent on medical necessity determined by the treating physician.

MANAGING A MENTAL HEALTH CRISIS

- If you feel your child or family is in imminent danger call 911 and ask for law enforcement assistance.
- Advise law enforcement that assistance is needed for a youth with a mental health crisis or emergency to increase the chance that an officer trained in working with people with mental illness will respond.
- When providing information about the incident, be specific about behaviors being observed and what is happening at that moment.
- The police officer will likely ask what the youth's diagnosis is, medications being taken, hospitalization history, and any legal history.
- Keep in mind that once 911 has been called and a police officer enters the situation, they are in charge and in control of what happens next including where your child may be taken.
- As the caregiver, you can encourage and advocate for the officers to view the situation from a mental health crisis and provide input about what you would like to see happen.

**IF YOU FEEL
YOUR CHILD
OR FAMILY IS
IN IMMINENT
DANGER CALL
911 AND ASK
FOR LAW
ENFORCEMENT
ASSISTANCE.**



REFLECT-WHAT JUST HAPPENED?

- Post-crisis it is important to debrief with the youth, family, caregivers, and treatment team to identify what may have contributed to or caused the crisis, and which interventions used were effective or ineffective.
- Recommendations regarding preventing and managing possible future crises can be added to the crisis plan.
- The team will identify and treat underlying conditions that caused or contributed to the crisis behaviors.
- This would also be a good time to review medications and any medication changes made in the Emergency Department or hospital if applicable.
- Family members should write down concerns to address with the treatment team during the de-briefing.
- Advocating for a person living with mental illness during a crisis can be extremely frustrating and difficult. Health care privacy laws and the interpretation of them by providers may make advocacy especially difficult. Family members will want to ask your loved one to sign a release giving them access to communicate with their treatment team.

OTHER INTERVENTIONS & TOOLS THAT CAN ASSIST IN CRISIS PLANNING

- Collaborative Problem Solving (CPS) is a collaborative problem solving method in which the child and parent work to identify lagging skills and unsolved problems. To get started in identifying lagging skills and unsolved problems, Dr. Greene has provided a form called the Assessment of Lagging Skills and Unsolved Problems. This form can be found at www.livesinthebalance.org in the section called The Paperwork.
- A family friendly version of a form of therapy called Motivational Enhancement Therapy that can be used to engage youth in times of crisis is called the **LEAP Method**, developed by Dr. Xavier Amador, from his book, *I am Not Sick, I Don't Need Help*.
- Many families have on hand a crisis kit for times when crisis occurs. Some items to include are the crisis plan, medical information, snacks, music, books, a change of clothes and basic hygiene supplies.



OTHER INTERVENTIONS & TOOLS FOR CRISIS PLANNING

- Being familiar with de-escalation skills are an important intervention in managing crisis situations.
- It is important to keep in mind that a workable plan is a living plan that is modified as changes are made in the youth's development, medication, and/or behaviors. Caregivers can help prevent a crisis by noting changes in these areas, by documenting them in a journal, calendar, computer, phone app, etc.
- Have an individualized working treatment plan that can be easily followed and implemented.
- Below are several examples of crisis plans and other resources for crisis planning ideas. There is nothing hierarchical about the tools; they are just suggestions of some tools available for use.

http://www.mvbcn.org/home/mv1/smartlist_144/crisis_prevention_plans.html

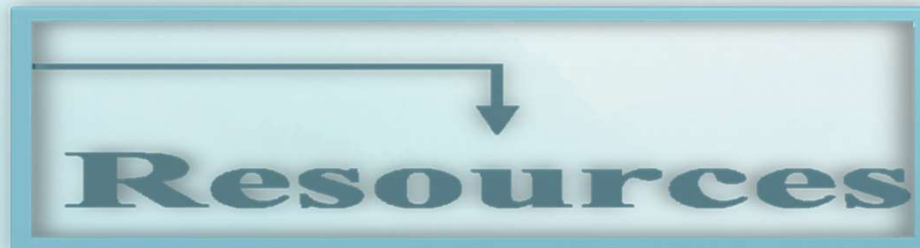
www.tiffe.org/employeeonly/emp_forms/misc/word/Safety_Plan.doc

<http://mentalhealthrecovery.com/wp-content/uploads/2015/07/CrisisPlan2012Manual.pdf>

<http://www.maine.gov/dhhs/samhs/mentalhealth/rights-legal/crisis-plan/home.html>

<http://mentalhealthrecovery.com/wp-content/uploads/2015/07/postcrisisplan.pdf>

http://www.camh.ca/en/hospital/Documents/www.camh.net/Care_Treatment/Resources_clients_families_friends/Family_Guide_CD/pdf/Activity_102_creating_crisis_card.pdf



Resources

- ACMH. <http://www.acmh-mi.org/> ACMH provides information, support, resources, referral and advocacy for children and youth with mental, emotional, or behavioral disorders and their families. All contents and materials © Copyright 2017 Association for Children's Mental Health
- DR. Ross Greene, The Explosive Child-A New Approach for Understanding and Parenting Easily Frustrated, Chronically, Inflexible Children. 2014 www.livesinthebalance.org
- The Mandt System Crisis Cycle, 2008.
- Mental Health Recovery- Contents Copyright © 1995-2017 Advocates for Human Potential, Inc. All Rights Reserved. Wellness Recovery Action Plan® and WRAP® are registered trademarks. <http://mentalhealthrecovery.com>
- NAMI (National Alliance on Mental Illness) is a non-profit organization dedicated to improving the lives of children and adults with mental illnesses and their families. <http://www.nami.org/#>
- National Suicide Prevention Lifeline-We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
 - 1-800-273-8255
- To connect with a Crisis Counselor at Crisis Text Line
 - Text “HOME” to 741741
 - FREE, 24/7, CONFIDENTIAL.

Contacts and Resources

Pastor Marshall/friend of family	# 617-111-1111	Aunt Sara	# 617-111-1111
Susan/babysitter	# 617-111-1111	Jose/Friend	# 617-111-1111
MCI team	# 617-111-1111		#
Name/role	phone	Name/role	phone

Notes: Aunt Sara works Tuesdays and Thursdays—cannot do overnights on those days

Goal of Plan

1. We all agree to focus on improving things during the times of the day/week when things are the worst
2. We want to keep police from coming to the house and charges from being filed by working together

Actions

Whole Family: We will remind each other what is at stake—we know we can figure it out ourselves without getting loud.

Tyler: I will have a plan of something to do outside of the house most days Monday-Friday from 3-6 pm.

Some options:

- *YMCA open gym Mondays and Thursdays
- *Look for afternoon job
- *Library media room open every day
- *Can do up to 6 hours of yard work a week at home for \$10/hr
- *Can use car to run family errands when needed (grocery shopping, get gas)

Parents: Stay out of power struggle, don't make idle threats, back each other--don't add to it by fighting with each other.

Tyler can use car on Saturdays when week goes well.

To get a break, Tyler can spend the night at (friend) Jose's if okay with his parents or Aunt Sara's twice a week.

Parents/Tyler: Consider calling Pastor Marshall to help talk it through by phone if we are having a hard time working it through on our own.

Parents/Tyler: Consider calling MCI. Can talk by phone, have them come to home or going to MCI office if it feels like the fight is going to get too big to manage ourselves

Contacts and Resources_Best Friend/Support Person_ # 617-111-1111______Lola/babysitter_____ # 617-111-1111______MCI team_____ # 617-111-1111_____

Name/role

phone

Team daytime number_____ # 617-111-1111_____Team 24/7 on-call pager_____ # 617-111-1111_____

_____ # _____

Name/role

phone

Notes:**Goal of Plan**

I (Dad) want to Notice when Jackson's physical behavior is getting worse, try new techniques, and use outside help sooner.

Actions**IF THIS HAPPENS**

If he gives mean looks, slams doors, stomps loudly—

If he threatens to hit or hurt or throws things around—

If the warning doesn't work—use a brief timeout

If he hurt himself or someone else or damages property—

TRY THIS:

Give calm reminders.

Remind him he "knows how to keep it together".

Help him find an acceptable activity.

Give a short and clear warning.

Tell him to wait in his room while I (Dad)

*Calm down or call a support person

*Call team member for coaching

Ask (sister) to play in a different space

Try an extended timeout

call for in-home support by team

call for MCI

Arrange a caregiver for (sister)

What I experience when I am in crisis

The problem is usually that I have been angry or feeling sorry for myself and I start drinking. Then I start thinking about killing myself. When people try to help me, I shut down at first—it isn't personal. I just need time to get my words together.

My priorities in a crisis

STAYING OUT OF THE HOSPITAL! I can pull it back together pretty quickly and I know the point when I need to call crisis. Also, I just started a new job that I really like and I cannot miss any shifts for the first three months or I will be fired.

What helps me in a crisis

Give me some space and then I will be ready to talk. Don't just come in asking all of your questions all at once. I want to keep my cell phone with me so I can call a friend or my aunt at some point. I am not going to go into details about the abuse—look at the old files if you want to know, but don't ask me. It is in the past and I am done talking about it.

Treatment I prefer (specific programs, medications, types of intervention, alternatives to hospitalization, involvement of friends and family)

I am done going to treatment. Maybe someday, but not now. I am trying it on my own and am doing ok so far. My focus is my career and my friends and enjoying the GOOD instead of talking about the BAD. I can use crisis if I slip.

Treatment I prefer NOT to receive
NO MEDICATIONS.

If I am admitted to a facility, I need to plan for the following (pet, child, housing, car, job, school, etc) I ~~SHOULDN'T~~ be admitted anywhere, but IF I EVER AM, call my aunt Jasmine at ###. She has a key and will pick up my dog and watch my place.

Additional information, needs or requests

Do not call my mother—she is not in my life anymore and I do not want her to have any information.

How my/our child looks and acts when in crisis

Lara does not want to be a burden so she often tells the crisis team that she is fine even when she is really upset inside and is having thoughts of hurting herself.

My/our priorities when my/our child is in crisis

She is very embarrassed that she has to get help—privacy and discretion are very important to us.

What helps my/our child during crisis support/intervention

1. It is usually difficult for her to open up to men—if a woman is available, it would probably go better.
2. She may want one of us to stay with her while she is being interviewed. Please respect her wishes.
3. She carries a sketchpad and pen and uses it when she is upset. Please let her keep it with her.

What helps my/our family during crisis support/intervention

1. We want to be a part of decisions rather than being told what the plan is—we have a lot of experience in knowing what works.
2. Our other children feel overlooked by the crisis team. They are scared for their sister. If you can take a few minutes to ask them how they are doing or if they have questions they really appreciate it.

Treatment I/we prefer for my/our child

1. We have a lot of family members and friends who will help out at home and if we can keep her safely in the home, that is our choice.
2. We only want referrals to providers that are experts in trauma and will tell us about their trauma training and experience.

Treatment I/we prefer my/our child NOT receive

Anything that is overnight—we do not think she could bear it and she has been very upset when crisis staff have talked to her about it before. Unless it is a life or death situation, we will keep her at home.

If I/we cannot be immediately reached if child is in crisis, please:

If the crisis is at school, talk to Mrs. Washington, the adjustment counselor. Also, any time you cannot reach us call Aunt Martha at ### to see if she can come to be with Lara

Additional information, needs or requests

If you come to our home, please pull in to the back of the driveway and use the side door 18